

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039428
STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 100

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0331

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Salem</u>		c. CITY OR TOWN <u>Salem</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hart Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Carty Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>ETHEL MAY CLEMENTS</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>2</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/29/80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	9. AGE (last birthday) <u>82</u>
11. BIRTHPLACE (City and state or country) <u>Faucett, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>C.P. Armstrong</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret MacInturf</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Margaret Adams Branson, Mo.</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		14. NAME OF HUSBAND OR WIFE <u>Jake</u>	
18. CAUSE OF DEATH (Enter only one cause per line. If more than one, list on reverse side.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above "cause" (a), stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>477-533.5</u> <u>9 days</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Salem, Missouri</u>		20g. COUNTY <u>Goodland</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>Dec. 1957</u> to <u>Nov. 2, 1963</u> and last saw him alive on <u>11-1-63</u> Death occurred at <u>2:35</u> A <u>m</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. D.</u>		22b. ADDRESS <u>Salem, Missouri</u>	
22c. DATE SIGNED <u>11-4-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11/4/1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Goodland Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Goodland, Missouri</u>	
24. FUNERAL DIRECTOR <u>Max L. Wargel</u>		25. DATE RECD. BY LOCAL REG. <u>11-4-63</u>	
26. REGISTRAR'S SIGNATURE <u>M. M. Hart M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Max E. Wampler

Licensed Embalmer No. 4170

P. O. Address Oakum, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.